STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

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| 1. TITLE OF NEWSPAPER M. Phates. Co.  | 1. 1. 11  | 2. DATE 9-17-20                  |
|---|---|----------------------------------|
| 3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS  | HED ANNUALLY 3B. AN                               | NUAL SUBSCRIPTION                |
| Waakly 52 PRICE'S 3500 / 37 00  |   |                                  |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)   |   |                                  |
| (Not printers) 1203 Moulton St. Leola, Mcherson, 50, 57496  5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE  |   |                                  |
| DI DI INDED (Not printore)  |   |                                  |
| 1203 Moulton St. Levie SU, 57456  |   |                                  |
| 6. FULL NAME OF PUBLISHER:  7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and  |   |                                  |
| addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.  FULL NAME  COMPLETE MAILING ADDRESS |   |                                  |
| Jeremy Cox  | PO BOX 170, Leola, 50 57456                       |                                  |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.  None   |   |                                  |
|   | AVERAGE NO. COPIES<br>EACH                        | ACTUAL NO. COPIES                |
| 9. EXTENT AND NATURE OF CIRCULATION   | ISSUED PRECEDING 12<br>MONTHS                     | ISSUED<br>NEAREST TO FILING DATE |
| A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)   | 363   | 372                              |
| B.PAID AND/OR REQUESTED CIRCULATION   |   |                                  |
| <ol> <li>Sales through dealers and carriers, street vendors,<br/>and counter sales.</li> </ol>  | 8   | 8                                |
| Mail Subscription     (Paid and or requested)   | 319   | 328                              |
| 3. Paid Electronic Copies   | 3   | 3                                |
| C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)  | 330   | 339                              |
| D.FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS   | 13  | 13                               |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES   | 2   | 0                                |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)   | 343   | 352                              |
| F. COPIES NOT DISTRIBUTED   |   | 1741.00                          |
| Office use, left over, unaccounted, spoiled after printing  | 20_   | 20                               |
| 2. Return from News Agents  | 0   | 0                                |
| G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)  | 363   | 372                              |
| Statement must be signed by Publisher, Business Mana<br>I swear that the statements made by me are true, o  |   |                                  |
| (Signature)   | (Title)   |                                  |
|   | Sworn to before me this 17 day of September 20 30 |                                  |
| - Sunt Dunota   |   |                                  |
| County Officery Public Newson \$  | Notary Public                                     |                                  |
| SEAL  | My commission expires: 1-25-2016                  |                                  |